

CATAWBA COUNTY VEHICLE ACCIDENT REPORTING FORM

Contact the garage before making any vehicle repairs

Call Risk Management @ 465-8256 immediately if bodily injury or serious property damage is involved.
Please use this form to report accidents involving vehicles owned by Catawba County or if you are driving your personal car for County business and are involved in an accident.

Department _____ Division _____ Dept. Called to
Risk Management By: _____ Date/Time: _____ / _____

Police Report Number: _____

Total Number of Vehicles Involved in the Accident: _____

OUR DRIVER/VEHICLE INFORMATION

Date/Time of Accident: _____ / _____

Address: _____

Driver: _____ Work Telephone # : _____

Driver's License #: _____ Tag # _____

Unit # _____

Year/Make: _____ / _____

Part Damaged: _____

Estimated Property Damage: \$ _____ Driver's Description of
Accident: _____

If applicable, were emergency lights and/or sirens in use? yes _____ no _____

Driver injured: Yes _____ No _____

Taken To: _____

**(If any employee is injured, an "On the Job Injury Report" must also be completed.)*

PASSENGER INFORMATION

Name: _____ Work/other Telephone # _____

Address: _____ City/St/Zip: _____ / _____ / _____

Injury: Yes _____ No _____ Taken

To: _____

Name: _____ Work/other Telephone # _____

Address: _____ City/St/Zip: _____ / _____ / _____

Injury: Yes _____ No _____ Taken To: _____

OTHER VEHICLE INFORMATION

Driver's

Name: _____ **Address:** _____

City/State/Zip: _____ / _____ / _____ Phone

#: _____

Driver's License

No#: _____

Owner's

Name: _____ Address: _____

City/State/Zip: _____ / _____ / _____ Phone

#: _____

Driver Injured :Yes _____ No _____ If injured taken to: _____

Vehicle

Make: _____ **Year/Model** _____ / _____

Tag #: _____ **Color:** _____ **Style:** 4 Door _____ 2 Door _____

Is vehicle driveable: Yes ___ No ___ Part Damaged: _____

Insurance

Company: _____ **Address:** _____

City/State/Zip: _____ / / _____ **Tele #:** _____ **Policy**

#: _____

OTHER VEHICLE PASSENGER INFORMATION

Name: _____ **Age/D.O.B** _____

Address: _____ **City/St/Zip:** _____ / _____ / _____

Injured: Yes ___ No ___ **Taken To:** _____

Name: _____

Age/D.O.B _____

Address: _____ **City/St/Zip:** _____ / _____ / _____

Injured: Yes ___ No ___ **Taken To:** _____

Name: _____

Age/D.O.B _____

Address: _____ **City/St/Zip:** _____ / _____ / _____

Injured: Yes ___ No ___ **Taken**

To: _____

Witnesses

Witness

Name: _____ **Address:** _____

City/State/Zip: _____ **Phone**

#: _____

Witness

Name: _____ **Address:** _____

City/State/Zip: _____ **Phone#:** _____

RELEASE OF OFFICIAL INFORMATION

Name of Employee (last, first, middle) _____ **Date of Accident** _____

Date of Birth ___ / ___ / ___ **SS#** ___ - ___ - ___

I, the above Employee, authorize Catawba County to obtain verbal, handwritten or electronic communications pertaining to my accident from official providers.

Yes ___ No ___ If no, please state reason: _____

Signature of

Employee _____ **Date** _____

*Attach Police report and any other additional information you may have to this report and forward to Risk Management within 24 hours (fax) 828-465-8472

Supervisor Signature _____ **Phone #:** _____ **Date:** _____

1/2006